

 <b>Department of Veterans Affairs</b>	1A. VETERAN'S SOCIAL SECURITY NO.		1B. SERVICE NO.		1C. VA FILE NO.	
	1D. DATE OF BIRTH		1E. BRANCH OF SERVICE		1F. SPOUSE'S SOCIAL SECURITY NO.	
	<b>INCOME-NET WORTH AND EMPLOYMENT STATEMENT</b> <small>(In support of Claim for Total Disability Benefits)</small>					
2A. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN <i>(Type or Print)</i>			2B. ADDRESS OF CLAIMANT <i>(No., street or rural route, City or P.O., State and ZIP Code)</i>			
<b>PART 1 - MARITAL AND DEPENDENCY DATA</b>						
3A. MARITAL STATUS  <input type="checkbox"/> MARRIED <i>(If you check one of the following boxes do not complete Items 3B through 7D)</i> <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> NEVER MARRIED				3B. SPOUSE'S BIRTHDATE		
3C. NUMBER OF TIMES YOU HAVE BEEN MARRIED		3D. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED		3E. IS YOUR SPOUSE ALSO A VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes", complete Item 3F, if known)</i>		
3F. SPOUSE'S VA FILE NO.						
4A. DO YOU LIVE TOGETHER?  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "NO", complete Items 4B, 4C, and 5)</i>		4B. REASON FOR SEPARATION		4C. PRESENT ADDRESS OF SPOUSE		
				5. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY  \$		
NOTE: Furnish the following information about each of your marriages. A copy of the public or church record of your CURRENT marriage is required. Attach additional sheet if more space is required.						
6A. DATE AND PLACE OF MARRIAGE		6B. TO WHOM MARRIED		6C. TERMINATED <i>(Death, Divorce)</i>		
FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE						
7A. DATE AND PLACE OF MARRIAGE		7B. TO WHOM MARRIED		7C. TERMINATED <i>(Death, Divorce)</i>		
<b>IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY</b>						
NOTE: Furnish the following information for each of your unmarried children. A copy of the public or court record of birth or court record of adoption is required.						
8A. NAME OF CHILD <i>(First, middle initial, last)</i>		8B. DATE OF BIRTH <i>(Month, day, Year)</i>		8C. SOCIAL SECURITY NO. OF CHILD		
8D. CHECK EACH APPLICABLE CATEGORY						
<input type="checkbox"/> MARRIED PREVIOUSLY		<input type="checkbox"/> STEPCHILD OR ADOPTED		<input type="checkbox"/> OVER 18 ATTENDING SCHOOL		
<input type="checkbox"/> SERIOUSLY DISABLED						
8E. NAME(S) OF ANY CHILDREN NOT IN YOUR CUSTODY		8F. NAME AND ADDRESS OF PERSON HAVING CUSTODY		8G. MONTHLY AMOUNT YOU CONTRIBUTE TO CHILD'S SUPPORT		
				\$		
				\$		
				\$		